

APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-5, PART II
Check applicable box: <input type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF			

PART II - APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL FOR COST REPORTING PERIODS ENDING BEFORE JUNE 30, 2014

		Hospital Staff	Medical School Faculty	Total (col 1 + col 2)
		1	2	3
1	Adjusted Cost of Physician's Direct Medical and Surgical Services			1
2	Total Inpatient Days and Outpatient Visit Days			2
3	Average Per Diem (line 1 ÷ line 2)			3

HEALTH CARE PROGRAM REIMBURSABLE DAYS

4	Title V - Inpatient			4
5	Title V - Outpatient			5
6	Title XVIII - Part A			6
7	Title XVIII - Part B			7
8	Title XIX - Inpatient			8
9	Title XIX - Outpatient			9
10	Inpatient and Outpatient Kidney Acquisition			10
11	Inpatient and Outpatient Liver Acquisition			11
12	Inpatient and Outpatient Heart Acquisition			12
13	Inpatient and Outpatient Lung Acquisition			13
14	Inpatient and Outpatient Pancreas Acquisition			14
15	Inpatient and Outpatient Intestine Acquisition			15
16	Inpatient and Outpatient Islet Acquisition			16
17	Other Organ Acquisition			17

HEALTH CARE PROGRAM REIMBURSABLE COST

18	Title V - Inpatient (line 3 x line 4)			18
19	Title V - Outpatient (line 3 x line 5)			19
20	Title XVIII - Part A (line 3 x line 6)			20
21	Title XVIII - Part B (line 3 x line 7)			21
22	Title XIX - Inpatient (line 3 x line 8)			22
23	Title XIX - Outpatient (line 3 x line 9)			23
24	Inpatient and Outpatient Kidney Acquisition (line 3 x line 10)			24
25	Inpatient and Outpatient Liver Acquisition (line 3 x line 11)			25
26	Inpatient and Outpatient Heart Acquisition (line 3 x line 12)			26
27	Inpatient and Outpatient Lung Acquisition (line 3 x line 13)			27
28	Inpatient and Outpatient Pancreas Acquisition (line 3 x line 14)			28
29	Inpatient and Outpatient Intestine Acquisition (line 3 x line 15)			29
30	Inpatient and Outpatient Islet Acquisition (line 3 x line 16)			30
31	Inpatient and Outpatient Other Organ Acquisition (line 3 x line 17)			31

Transfer the amounts in column 3 as follows:
 Add lines 18 and 19, and transfer to Worksheet E-3, Part VII
 Line 20 to Worksheet E, Part A, or Worksheet E-3, Part I to IV as appropriate
 Line 21 to Worksheet E, Part B
 Add lines 22 and 23, and transfer to Worksheet E-3, Part VII, as appropriate
 Sum of lines 24 through 30 to Worksheet D-4, Part III, line 60